

**PART B - FEE(S) TRANSMITTAL**

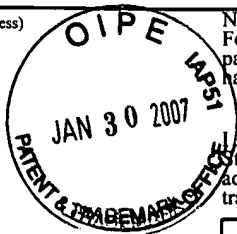
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7590 11/09/2006  
 Cynthia B. Rothschild, Ph.D.  
 Kilpatrick Stockton LLP  
 1001 West Fourth Street  
 Winston-Salem, NC 27101-2400



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hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/682,131	10/09/2003	Jerry I. Jacobson	35733-293661	1354

TITLE OF INVENTION: CARDIOELECTROMAGNETIC TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	02/09/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAHELIN, MICHAEL WILLIAM	3762	607-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Kilpatrick Stockton LLP</u> 2 _____ 3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

02/01/2007 AWONDAF2 00000074 10682131

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are submitted:**

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-1435 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).


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Authorized Signature Cynthia B. Rothschild  
 Typed or printed name Cynthia B. Rothschild


Date January 30, 2007  
 Registration No. 47,040

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	Application Number	10/682,131
	Filing Date	October 9, 2003
	First Named Inventor	Jerry I. Jacobson et al.
	Art Unit	3762
	Examiner Name	Kahelin, Michael William
Total Number of Pages in This Submission		Attorney Docket Number 35733-293661

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks
<b>Remarks</b> Express Mail Certificate No. EV 517 992 842 US; PTOL-85/B – Issue Fee Transmittal (in duplicate); Credit Card Payment Form PTO-2038 for \$1,000.00; and Return Postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kilpatrick Stockton LLP		
Signature			
Printed Name	Cynthia B. Rothschild		
Date	January 30, 2007	Reg. No.	47,040

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## EXPRESS MAIL CERTIFICATE

"Express Mail" Label No. : EV 517 992 842 US

Serial No. : 10/682,131

Applicant(s) : Jerry I. Jacobson et al.

Filing Date : October 9, 2003

Title : CARDIOELECTROMAGNETIC TREATMENT

Examiner : Kahelin, Michael William

Group Art Unit : 3762

Type of Document(s) : Express Mail Certificate;  
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Debbie K. Cooke (signature)  
Debbie K. Cooke

Date Mailed: January 30, 2007